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2004-2005 Influenza Season Antiviral Use at a Glance November 23, 2004

Prophylaxis – use amantadine or rimantadine when possible

- Provide antiviral prophylaxis to any person who is at high risk for severe complications of influenza if he/she is likely to be exposed to others infected with influenza**
- During institutional outbreaks, all persons who live or work in institutions caring for people at high risk for serious complications of influenza infection should be given antiviral medications**
 - Vaccinated staff require chemoprophylaxis only during the 2-week period following vaccination
 - Vaccinated and unvaccinated residents should receive chemoprophylaxis for the duration of institutional outbreak activity

Treatment – use oseltamivir or zanamivir when possible

- Treat any person experiencing a potentially life-threatening influenza-related illness**
- Treat any person who is at high risk for severe complications of influenza and who is within the first 2 days of illness onset**

General guidelines

- Amantadine and rimantadine are only effective against influenza A
- There is an increased likelihood of dizziness occurring in individuals taking amantadine (and to a lesser extent rimantadine as well). Therefore, elderly patients may be at increased risk for falls and should be closely monitored
- Those people included in the high priority groups this year (except otherwise healthy health care workers and caregivers of infants under the age of six months) should be given priority for use of antiviral medications
- Antiviral medications can be considered for chemoprophylaxis or treatment in other situations when the available supply of such medications locally is adequate

** Provided the individual is eligible for antiviral prophylaxis/treatment as detailed in the table below

Approved Use of Antiviral Medications for Influenza Treatment and Prophylaxis

Antiviral	Age Group (years)		
	1-6	7-12	13 and up
Amantadine			
<i>Treatment</i>	Yes	Yes	Yes
<i>Prophylaxis</i>	Yes	Yes	Yes
Rimantadine			
<i>Treatment</i>	NO	NO	Yes
<i>Prophylaxis</i>	Yes	Yes	Yes
Zanamivir			
<i>Treatment</i>	NO	Yes	Yes
<i>Prophylaxis</i>	NO	NO	NO
Oseltamivir			
<i>Treatment</i>	Yes	Yes	Yes
<i>Prophylaxis</i>	NO	NO	Yes

For exact dosing information, please see chart on next page

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TABLE 7. Recommended daily dosage of influenza antiviral medications for treatment and prophylaxis

Antiviral agent	Age group (yrs)				
	1–6	7–9	10–12	13–64	≥65
Amantadine [*] Treatment, influenza A	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	100 mg twice daily [§]	100 mg twice daily [§]	≤100 mg/day
Prophylaxis, influenza A	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	100 mg twice daily [§]	100 mg twice daily [§]	≤100 mg/day
Rimantadine ^{¶¶} Treatment, ^{**} influenza A	NA ^{††}	NA	NA	100 mg twice daily ^{§ §§}	100 mg/day
Prophylaxis, influenza A	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	5 mg/kg body weight/ day up to 150 mg in 2 divided doses [†]	100 mg twice daily [§]	100 mg twice daily [§]	100 mg/day ^{¶¶¶}
Zanamivir ^{***} ^{†††} Treatment, influenza A and B	NA	10 mg twice daily	10 mg twice daily	10 mg twice daily	10 mg twice daily
Oseltamivir Treatment, ^{§§§} influenza A and B	Dose varies by child's weight ^{¶¶¶}	Dose varies by child's weight ^{¶¶¶}	Dose varies by child's weight ^{¶¶¶}	75 mg twice daily	75 mg twice daily
Prophylaxis, influenza A and B	NA	NA	NA	75 mg/day	75 mg/day

NOTE: Amantadine manufacturers include Endo Pharmaceuticals (Symmetrel® — tablet and syrup); Geneva Pharms Tech and Rosemont (Amantadine HCL — capsule); USL Pharma (Amantadine HCL — capsule and tablet); and Alpharma, Copley Pharmaceutical, HiTech Pharma, Mikart, Morton Grove, Carolina Medical, and Pharmaceutical Associates (Amantadine HCL — syrup). Rimantadine is manufactured by Forest Laboratories (Flumadine® — tablet and syrup) and Corepharma, Impax Labs (Rimantadine HCL — tablet), and Amide Pharmaceuticals (Rimantadine ACL — tablet). Zanamivir is manufactured by GlaxoSmithKline (Relenza® — inhaled powder). Oseltamivir is manufactured by Hoffman-LaRoche, Inc. (Tamiflu® — tablet). This information is based on data published by the Food and Drug Administration (FDA), which is available at <http://www.fda.gov>.

^{*} The drug package insert should be consulted for dosage recommendations for administering amantadine to persons with creatinine clearance ≤50 mL/min/1.73m².

[†] 5 mg/kg body weight of amantadine or rimantadine syrup = 1 tsp/22 lbs.

[§] Children aged ≥10 years who weigh <40 kg should be administered amantadine or rimantadine at a dosage of 5 mg/kg body weight/day.

[¶] A reduction in dosage to 100 mg/day of rimantadine is recommended for persons who have severe hepatic dysfunction or those with creatinine clearance ≤10 mL/min. Other persons with less severe hepatic or renal dysfunction taking 100 mg/day of rimantadine should be observed closely, and the dosage should be reduced or the drug discontinued, if necessary.

^{**} Only approved by FDA for treatment among adults.

^{††} Not applicable.

^{§§} Rimantadine is approved by FDA for treatment among adults. However, certain specialists in the management of influenza consider rimantadine appropriate for treatment among children (see American Academy of Pediatrics. 2000 red book: report of the Committee on Infectious Diseases. 25th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2000).

^{¶¶} Older nursing-home residents should be administered only 100 mg/day of rimantadine. A reduction in dosage to 100 mg/day should be considered for all persons aged ≥65 years, if they experience possible side effects when taking 200 mg/day.

^{***} Zanamivir is administered through inhalation by using a plastic device included in the medication package. Patients will benefit from instruction and demonstration of correct use of the device.

^{†††} Zanamivir is not approved for prophylaxis.

^{§§§} A reduction in the dose of oseltamivir is recommended for persons with creatinine clearance <30 mL/min.

^{¶¶¶} The dose recommendation for children who weigh ≤15 kg is 30 mg twice a day. For children who weigh >15–23 kg, the dose is 45 mg twice a day. For children who weigh >23–40 kg, the dose is 60 mg twice a day. And, for children who weigh >40 kg, the dose is 75 mg twice a day.

The text provided here is taken directly from Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) (MMWR 28 May 2004;53[RR06]:1-40).